Carroll County Department of Fire & EMS

EMS POLICY AND PROCEDURES

Standard Operating Procedure: 3.16	**Effective Date: January 1, 2024**
Subject: Transfer of Care from ALS to BLS	**Section: Emergency Medical Services**
Authorized: Michael Stoner, Assistant Chief	**Revision Date: February 16, 2024**

I. PURPOSE

The Carroll County Department of Fire and EMS (Department) strives to have consistency in the delivery of high-quality Emergency Medical Services (EMS) care. The triaging (downgrading) of a patient dispatched as ALS to the care of BLS clinicians, as well as the upgrading of a patient dispatched as BLS to an ALS level of care shall be guided utilizing a Department-approved workflow and documented in the electronic Patient Care Report (PCR).

II. DEFINITIONS

Computer Aided Dispatch (CAD) – Computer-Assisted Dispatch system used to track emergency units and incidents. CAD recommends which resources should be dispatched on an incident, which results in station and unit alerting.

ALS Downgrade – A Carroll County EMS clinician has evaluated the patient and determined that the patient does not meet ALS criteria as identified by this order and is appropriate for care at the BLS level.

ALS Upgrade – ALS clinician assumes patient care and provides ALS treatments for a patient in a BLS-staffed ambulanced.

EMS Clinician – Career, Volunteer, or corporate employee that is a pre-hospital advanced and basic life support personnel.

ALS Clinician – A clinician with the certification of Cardiac Rescue Technician or Paramedic

BLS Clinician – A clinician with the certification of Emergency Medical Technician to include Intravenous Technician.

APS – At Patient Side – Time when clinicians arrive at the patient's side to provide medical care.

PCR – Patient Care Report, Carroll County uses Imagine Trend to complete patient Care Reports

Elite – eMeds elite, version of PCR used in Carroll County

III. PROCEDURE

A. PATIENT DEFINITION: A "PATIENT" is anyone who meets any of the following criteria:
   1. Makes a request for medical services, medical help, or rescue through 911 or in-person; or
   2. Has evidence of an obvious injury or illness (regardless of who activated EMS); or,
   3. Has a mechanism of injury or nature of illness that creates a reasonable potential for an injury or illness; or
   4. Receives any portion for a patient assessment, treatment, or transport from an EMS clinician.

B. ALS PATIENT CARE RELATIONSHIP: An ALS patient care is established when the ALS clinician initiates a patient assessment and one or more of the following:
   1. ALS medication(s) is administered; and/or,
   2. ALS procedures(s) is performed (with the exception of a 12/15 lead EKG); and/or,
   3. There is a potential risk of acute deterioration during the call.

C. ALS DOWNGRADE WORKFLOW: A flowchart is attached to guide clinicians in differentiating between an ALS and BLS patient.

D. DOCUMENTATION: A worksheet will be active on the PCR to document downgrading a patient from ALS to BLS.

E. When a BLS-staffed unit arrives At-Patient-Side (APS) first:
   1. The unit may downgrade the patient to BLS and place an ALS transport unit or ALS upgrade unit in service only after:
   2. A chief complaint, complete medical history, and full set of vital signs have been obtained.
   3. Confirmation that the patient meets all downgrade criteria in Attachment A; and,

4. The transporting BLS clinician is comfortable assuming patient care for the duration of the incident.
5. The BLS-staffed unit announces over the radio that the ALS-staffed unit can cancel and confirms that the patient is BLS.
   For example, "E11 to Carroll. The ALS chase car can go in-service. The patient will be handled BLS."
6. The canceled ALS unit completes a report in Elite utilizing the "cancelled prior to arrival" disposition.

F. When an ALS-staffed unit arrives APS first:
1. The unit may downgrade the patient to BLS after:
2. A chief complaint, complete medical history, and full set of vital signs have been obtained; and,
3. Confirmation that the patient meets all downgrade criteria in Attachment A; and,
4. The transporting BLS clinician is comfortable assuming patient care for the duration of the incident.
5. No announcement over the radio is needed.
6. The BLS clinician shall add the ALS clinician to the unit's crew list.
7. The ALS clinician shall add an addendum the BLS clinician's PCR regarding the ALS clinician's patient assessment and decision making.

G. When an ALS-staffed unit and BLS-staffed transport are both on location:
1. The ALS clinician shall perform an ALS assessment and may downgrade the patient to BLS when:
2. A chief complaint, complete medical history, and full set of vital signs shall be obtained; and,
3. Confirmation that the patient meets all downgrade criteria in Attachment A; and,
4. The transporting BLS clinician is comfortable assuming patient care for the duration of the incident.
5. No announcement over the radio is needed.
6. The ALS clinician shall complete their unit report and document the patient assessment and decision making for downgrading the patient to BLS.

H. CLINICAL DISAGREEMENT: If a BLS or ALS clinician does not agree with the downgrading of a patient from ALS to BLS, then the patient shall be transported by the ALS clinician.

IV. RECISION

This Standard Operating Procedure rescinds all directives regarding Transfer of Care ALS to BLS or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.

CARROLL COUNTY DEPARTMENT OF FIRE AND EMS

DOWNGRADE POLICY

The patient is LOW ACUITY.

There is LOW RISK for CLINICAL DETERIORATION

START

IF THERE IS EVER ANY DOUBT IF THE PATIENT NEEDS ALS, REQUEST ALS.

ARE THE VITAL SIGNS UNACCEPTABLE? (CHART 1)

IF NO, MOVE TO CHART 2

IF YES, PATIENT SHOULD BE ALS

ARE HIGH RISK CONDITIONS PRESENT? (CHART 2)

IF NO, MOVE TO CHART 3

IF YES, PATIENT SHOULD BE ALS

ARE TIME DEPENDENT NEEDS PRESENT? (CHART 3)

IF NO, TRANSPORTED BLS

IF YES, PATIENT SHOULD BE ALS

1

- ACCEPTABLE VITAL SIGNS:
  - RESPIRATIONS: 8 - 30
  - PULSE: 50 - 120
  - PULSE OX: RA > 90%
  - BLOOD GLUCOSE: 70 - 300 MG/DL
  - BLOOD PRESSURES:
    - SYSTOLIC
      - BETWEEN 100 AND 200
    - DIASTOLIC
      - < 120

2

- HIGH RISK CONDITIONS
  - UNEXPLAINED ABDOMINAL PAIN
  - ALTERED MENTAL STATUS (NEW)
  - SEVERE OR TEARING BACK PAIN
  - CHEST PAIN, TIGHTNESS, OR EQUIVALENT
  - DYSPNEA / SHORTNESS OF BREATH
  - FOCAL NEUROLOGICAL DEFICITS < 24 HRS
  - SEIZURES
  - SEPSIS (SUSPECTED)
  - SYNCOPE OR NEAR-SYNCOPE
  - ALLERGIC REACTION WITH EPI GIVEN
  - REFRACTORY VOMITING
  - HYPOGLYCEMIA
  - ALS CLINICAL EXAM

3

- TIME DEPENDENT NEEDS
  - AIRWAY MANAGEMENT NEEDED
  - DISABILITY (DEFICIT) OR DEFORMITY
  - SEVERE TENDERNESS WITH PALPATION / EXAM
  - SIGNIFICANT HEAD OR TRUNCAL TRAUMA
  - UNCONTROLLABLE BLEEDING
  - AGE < 2 WITH BLUNT / HIGH MECHANISM OR INJURY
  - *REQUIRES ALS MONITORING OR INTERVENTIONS*
  - *CONCERN FOR POTENTIAL DETERIORATION*